

Frank Mannix, M.D. - February 14, 2006
A000F65

UNITED STATES DISTRICT COURT

DISTRICT OF ALASKA

- - -

KIMBERLY ALLEN, Personal)
Representative of the Estate of)
Todd Allen, Individually on Behalf)
of the Estate of Todd Allen and)
on Behalf of the Minor Child,)
PRESLEY GRACE ALLEN,)
Plaintiffs,)
vs.) NO. 3:04-CV-0131-JKS
UNITED STATES OF AMERICA,)
Defendant.)

VIDEOTAPED DEPOSITION OF

FRANK MANNIX, M.D.

CARDIFF BY THE SEA, CALIFORNIA

FEBRUARY 14, 2006

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<p>16:29:22 1 who's triaged at a level 2; is that correct?</p> <p>16:29:25 2 A. As a general statement, that's probably accurate.</p> <p>16:29:28 3 Q. And someone triaged at a level two, would, again,</p> <p>16:29:33 4 all things being equal, would be expected to be seen sooner</p> <p>16:29:37 5 than a level 3?</p> <p>16:29:38 6 A. Well, that's partly true. But the triage decision</p> <p>16:29:42 7 also has to do with the level of illness and the level of</p> <p>16:29:46 8 evaluation required. So when you triage somebody – when we</p> <p>16:29:50 9 do this in our emergency department, when you triage somebody</p> <p>16:29:53 10 to the emergent side, you're saying this person had something</p> <p>16:29:56 11 serious enough they needed to see a doctor. If they need to</p> <p>16:30:01 12 see a doctor now, then that becomes – you move them up in</p> <p>16:30:04 13 that range to a 1 or whatever that says they need to see the</p> <p>16:30:08 14 doctor now. But the real triage decision is do they need to</p> <p>16:30:11 15 see a doctor in the main ER and how soon.</p> <p>16:30:13 16 If you triage somebody to the urgent care side,</p> <p>16:30:16 17 you're saying, generally, they don't need to see a doctor</p> <p>16:30:19 18 necessarily and they don't need to be seen now. So you're</p> <p>16:30:22 19 pretty much ruling out life threatening problems with that</p> <p>16:30:25 20 triage decision.</p> <p>16:30:26 21 Q. And I'm just focusing for the moment, I'll get to</p> <p>16:30:29 22 the second part, on the question of how soon they're seen.</p> <p>16:30:32 23 And maybe I can simplify this. Do you think there's any</p> <p>16:30:35 24 causal connection as to indicate in terms of the time when</p> <p>16:30:38 25 Mr. Allen was seen and his injuries in this case?</p>	<p>16:32:02 1 the other critical questions – what was the onset of his</p> <p>16:32:04 2 headaches. Subarachnoids usually start right now. The</p> <p>16:32:08 3 patient can tell you. That's not the way jaw pain starts.</p> <p>16:32:12 4 Is this just like the pain you've had before? And we're back</p> <p>16:32:14 5 into the same conversation. So there was a misevaluation and</p> <p>16:32:17 6 triage. And a result of that was that he was triaged in a</p> <p>16:32:22 7 way that he went to the nurse practitioner.</p> <p>16:32:27 8 Q. And that part I understood. I guess I'm trying to</p> <p>16:32:29 9 explore – I understand you're critical of that. But in</p> <p>16:32:31 10 terms of practical results, I guess is what I'm looking at,</p> <p>16:32:33 11 you're not critical of how long it took them to see him. So</p> <p>16:32:36 12 I can set that aside.</p> <p>16:32:37 13 A. That's correct.</p> <p>16:32:38 14 Q. Now, in terms of who saw him, you're critical in</p> <p>16:32:42 15 that you think he should have been seen by an emergency</p> <p>16:32:47 16 physician, not by a nurse practitioner.</p> <p>16:32:49 17 A. Well, what I'm saying is that their own internal</p> <p>16:32:52 18 guidelines say that they should have been triaged to the main</p> <p>16:32:56 19 emergency department. Now, category 3 makes – and he's very</p> <p>16:32:56 20 clearly a category 2 in their guidelines. Category 3 makes</p> <p>16:33:00 21 room for the possibility that if the triage is busy, a</p> <p>16:33:03 22 midlevel practitioner would see that patient. But my review</p> <p>16:33:03 23 of the log that day indicates that all the level 3 patients</p> <p>16:33:07 24 were seen by doctors. So had the patient been triaged 2 or</p> <p>16:33:24 25 3, a doctor would have seen the patient. And in my judgment,</p>
<p>16:30:41 1 A. Well, let me refresh my memory about the times. I</p> <p>16:30:45 2 think he was triaged at 7:10 and seen at 7:35. And honestly,</p> <p>16:30:51 3 Counselor, that's good in any ER.</p> <p>16:30:54 4 Q. So the fact that it took 25 or 30 minutes to see</p> <p>16:30:57 5 him, that's not a problem that you're critical in the case?</p> <p>16:30:59 6 A. It's not.</p> <p>16:31:00 7 Q. Okay.</p> <p>16:31:00 8 And I take it what you are critical of is the fact</p> <p>16:31:04 9 that he was seen by a nurse practitioner as opposed to by an</p> <p>16:31:08 10 emergency room physician?</p> <p>16:31:09 11 A. Well, let me backtrack. What I'm really critical</p> <p>16:31:13 12 of is the triage assessment itself which focuses again on his</p> <p>16:31:17 13 recurrent pain problem and doesn't ask any of the key</p> <p>16:31:20 14 question about differentiating – I mean, by her own</p> <p>16:31:24 15 admission, it's a ten out of ten pain in the head and in the</p> <p>16:31:29 16 ears. That in any emergency department is going to be</p> <p>16:31:33 17 triaged in a fairly emergent way. But she asks none of those</p> <p>16:31:37 18 questions, and it's very clear that she made some decisions</p> <p>16:31:41 19 about him when she saw him based on the previous history.</p> <p>16:31:45 20 She initially said, "He's in all the time. I see him all the</p> <p>16:31:48 21 time." When she's pushed on that, the best she could come up</p> <p>16:31:52 22 with was, "Well, I think I saw him when he came in with the</p> <p>16:31:55 23 initial injury." And then she says, "I didn't really believe</p> <p>16:31:58 24 that he was having as much pain as he said." Well, you make</p> <p>16:31:58 25 those kind of assumptions at your own jeopardy. And none of</p>	<p>16:33:24 1 although I think the standard of care still applies to the</p> <p>16:33:24 2 nurse practitioner, I think the likelihood that this</p> <p>16:33:24 3 diagnosis would have been or at least suspected was higher.</p> <p>16:33:26 4 Q. And that's what I was trying to get to. Your</p> <p>16:33:30 5 critique ultimately is that if a triage at 2 or 3 had been</p> <p>16:33:32 6 seen by an emergency room physician as opposed to a nurse</p> <p>16:33:35 7 practitioner, that it's more likely that he would have --</p> <p>16:33:38 8 there would have been a diagnosis of this subarachnoid</p> <p>16:33:41 9 hemorrhage?</p> <p>16:33:41 10 A. I believe so.</p> <p>16:33:41 11 Q. Okay.</p> <p>16:33:42 12 Now, before we get to that, is it -- do you agree</p> <p>16:33:45 13 that at any time if Nurse Feary had thought that he was more</p> <p>16:33:50 14 seriously ill or that he should have been triaged at a higher</p> <p>16:33:55 15 level of 3 or 2 or 1, she could have referred him or</p> <p>16:33:58 16 consulted with emergency room physicians?</p> <p>16:34:01 17 A. Absolutely.</p> <p>16:34:02 18 Q. So it's not like you get triaged once and the game</p> <p>16:34:06 19 is over, you never get a chance to see an ER doctor, shut in</p> <p>16:34:12 20 to another facility for that initial term at all. It</p> <p>16:34:17 21 indicates Ms. Nurse Feary assessed him. In her own</p> <p>16:34:19 22 testimony, she said if she thought he was more seriously ill,</p> <p>16:34:23 23 she could have consulted with a doctor; correct?</p> <p>16:34:25 24 A. Correct.</p> <p>16:34:25 25 Q. And you would expect a nurse practitioner, I take</p>
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